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THORACO-ABDOMINOPAGUS CONJOINED TWINS : AN UNUSUAL CASE

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ABSTRACT

Conjoined twins represent one of the rarest forms of gestation with an estimated incidence of 1 in 50,000 to 1,00,000. A 19-year-old primi gravida, a resident of Ahmednagar was referred to our hospital from Baramati at 29 weeks gestation with an ultrasound suggestive of conjoint twins with anemia. Patient was admitted and was managed conservatively with intravenous iron sucrose and discharged after antenatal registration with us followed by careful and close antenatal follow up. She presented to us in labour on 24/11/15 and was posted for an emergency caesarean section. Conjoined twins of combined weight 3050 grams were extracted out, both female with a common heart and were handed over to pediatric surgeon. In conclusion, conjoined twins are associated with high perinatal mortality; therefore making an early diagnosis by means of ultrasound gives parents a chance to electively terminate pregnancy.

KEYWORDS: Conjoined twins, thoracopagus, omphalopagus, caesarean section for twins, Siamese twins.

Introduction:
Conjoined twins is one of the rarest forms of twin gestation. The reported incidence varies from 1 in every 200 of monozygotic twins1 to 1 in 50 000 to 1 in 100 000 live births2. If cleavage is initiated beyond thirteenth day of fertilisation2, it remains incomplete and conjoined twins of various varieties result. It is exclusively associated with mono amniotic mono chorionic type of placentation. 40% of conjoined twins are born stillborn, 60% live born and only 25% survive to be candidates for surgery2.

Case report:
A 19 year old female, primi gravida registered at women's hospital Baramati, with seven and a half months amenorrhoea with 29 weeks gestation was referred to our hospital with an outside ultrasound suggestive of conjoint twins with severe anemia for further management. On examination, her general condition was fair with mild pallor. Her systemic examination was unremarkable. On per abdominal examination, uterus was relaxed with 34 weeks fundal height and multiple fetal parts were felt along with evidence of two fetal heart sounds. Laboratory investigations reported a hemoglobin of 8.6g/dl. A confirmatory senior level obstetric ultrasound revealed conjoined twins of 28 weeks gestation with ventral fusion of thorax and upper abdomen in breech position. There was a single fundal placenta with a single fused heart with evidence of polyhydramnios. As per the pediatric and pediatric surgery reference, a postnatal team management plan was decided upon. She was managed conservatively with intravenous iron sucrose and discharged after antenatal registration with us followed by close careful antenatal follow up.

The patient presented to us in spontaneous onset labor at 34 weeks gestation. She was posted for an emergency caesarean section. Conjoined twins of combined weight 3.05 kg and a common heart were extracted out and were handed over to pediatrician. Babies were shifted to intensive neonatal care unit for resuscitation. But they succumbed a neonatal death due to deteriorating cardio-respiratory condition.

Figure 1: xray film of the twins after birth

Figure 2: thoraco-omphalopagus twins after birth

Conclusion:
Thoracopagus is one of the most common forms of conjoined twins.3 Separation of conjoined twins is associated with increased chances of perinatal mortality. Worst prognosis occurs in craniopagus twins and those with a sole cardiac mass.2. Conjoined twins can be frequently identified using ultrasound antenatally. Therefore, making an early diagnosis with ultrasonographic examination provides the parents a chance to opt for pregnancy termination.

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